

THE  
AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

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## THE AMERICAN PRACTITIONER:

[FORMERLY "WESTERN JOURNAL OF MEDICINE."]

A MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.


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# THE AMERICAN PRACTITIONER.

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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

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## NATURE'S VOICE IN DISEASE AND CONVALESCENCE.

BY S. D. GROSS, M. D.,

*Professor of Surgery in the Jefferson Medical College of Philadelphia.*

Every organ of the body has its wants and desires, and happily also the faculty of expressing them. The tongue does not more certainly give utterance to ideas and mental emotions than the stomach, lung, or bladder does to its peculiar feelings and necessities. Every organ has its peculiar stimulus, under the influence of which it lives and moves and executes its functions. Thus light is the natural stimulus of the eye, sound of the ear, food of the stomach, blood of the heart; and whenever, from any cause, these excitants are for any length of time withheld, the organ so affected becomes deranged in its actions, and the general system feels the injurious effects in proportion to the importance of the sympathetic relations which naturally exist between them.

This language of the organs is not always easily interpreted. Physicians are not always good observers, and often

at best obtain their information only after long, patient, and laborious inquiry. Hence there are few cases of disease of any severity or duration in which, from the want of proper knowledge, important points of treatment are not overlooked; points which, if accurately understood, would often supply most valuable therapeutic hints, calculated to contribute not only to the comfort of the sufferer, but to his ultimate if not speedy recovery. It is this conviction that induces me to call attention to a subject which daily observation convinces me is still very imperfectly appreciated by the great mass of the profession, and concerning which little if any satisfactory information is to be found in our systematic treatises.

One of the most familiar and best understood examples of this peculiar language of the system in disease and convalescence is the voice of the stomach in its relation to food and drink. It is an axiom in physiology that the appetite is an index as to what is wholesome. The law is applicable not less to diseased than to healthy men. The old adage, "What is one man's meat is another's poison," is daily illustrated in every family, however small or however humble its fare. Although man is essentially an omnivorous animal, there are few persons who can eat or drink everything with impunity. Indeed there is hardly a human being that has not in this respect some idiosyncrasy, some peculiarity of constitution, that unfits him for enjoying what is often so much relished by others. Habit of course has much to do with molding our tastes, and we are thus often made the creatures of circumstances despite our natural instincts, our likes and dislikes.

During sickness, especially if at all severe, the appetite is generally in a state of abeyance; and it is well that it should be so, otherwise its indulgence, even in a moderate degree, would be sure to be followed by the most pernicious if not destructive consequences. What is most relished in health is often most loathed in disease; and food and drink, naturally



most distasteful to the individual, are not unfrequently longed for and enjoyed with the keenest zest in disease and convalescence; so curious and inexplicable are the laws of our being. The judgment of the palate is perverted; the stomach is insane, hating like a crazy man its best and most trusted friends.

The capricious character of the appetite and the cravings of nature are nowhere more strikingly illustrated than in pregnancy, in which, from the sympathetic relations between the stomach and the uterus, and the general disturbance hence arising, the system is actually in a diseased condition; and the taste is often so depraved that the patient loathes her accustomed diet, and employs none but the most outré articles, such as in health are never thought of except with disgust, if not positive aversion. These *bizarceries*, these longings of nature, as they are called, are nevertheless indications as to what, under such circumstances, must be regarded as wholesome, inasmuch as they are evidently designed to supply some great but inexplicable demand of the system developed during the progress of gestation. If it were otherwise, such longings would either not exist at all or would be much less frequent than they are. Among the more common articles which the stomach craves under such circumstances are magnesia, chalk, lime, slate, unripe fruit, ginger, oranges, lemons, and grapes, which occasionally for days, and even weeks, form the chief if not almost the exclusive diet of the gravid female. Sometimes she takes a fancy to a particular kind of drink, as champagne, hock, claret, cider, brandy, or whisky. Merriman relates the case of a woman who, while in this condition, drank daily large quantities of gin and water.

The cravings of nature in disease and convalescence should not be disregarded; nay, they should not only not be disregarded, but most carefully watched and respected; and this remark applies with equal force alike to food and drink, to medicines, and to various other matters intimately

connected with the welfare of the sick. Physicians in former times seemed to take a kind of fiendish delight in thwarting her efforts. However loud her calls, they were willfully slighted, as if they were designed purposely to mislead. Prejudice and ignorance were the dominant sentiments of the schools. The pupil did not dare to deviate from the precepts of his master. That many patients fell victims to this disregard of the monitions of nature does not admit of doubt. Unable to obtain what the appetite so strongly craved, they refused food altogether, often at a time when it was needed to replenish the wasted, worn-out, exhausted machine. That this is still to some extent the case even at the present day, when the art of healing is in many respects so much better understood than formerly, is unfortunately but too true. Our permits are still too much restricted; there is still too much red tape in the practice of medicine; nature's voice is still too little heeded. The older practitioners among us can distinctly recollect the time when cold water was interdicted in the treatment of disease. No matter how much the patient was consumed by heat or tortured by thirst, cold water, that greatest of all God's blessings in this condition of the system, was cruelly denied; or, if allowed at all, it was given only in small quantity and at long intervals, lest it should do harm. It was regarded as especially contra-indicated during the administration of mercury, then a very common practice; and if cold water was used clandestinely, and pytalism ensued, the mischief was invariably ascribed to its baneful agency.

Happily, this detestable practice has passed away. The wonder is that it ever could have existed. At the present day cold drinks, simple or acidulated, are justly regarded as among the most valuable and important therapeutic agents, often incomparably more beneficial than any medicine properly so-called. They are applicable under proper restrictions to every form and stage of disease and accident. That they

are occasionally productive of injury, when too freely used, is extremely probable; but such cases form the exception, not the rule. Everything is liable to abuse and misuse. Ice often advantageously takes the place of water, especially in affections attended with inordinate gastric irritability, as a sense of heat, nausea, or vomiting, which frequently nothing else so well controls. That cold water and ice should ever have been withheld in the treatment of fever, and in other conditions of the system characterized by excessive thirst, an arid state of the mouth, and great restlessness, is a fact which at the present day it is almost as difficult to believe as that women were once burnt at the stake as witches. During this interdict, so cruel and so inexplicable, many a patient deprived of this inestimable remedy dragged himself, bound as he was hand and foot, during the absence of his nurse, goaded on by the ravings of delirium, to the water-bucket, where, gorging himself with the long-coveted fluid, he found a ready remedy for his aching brow and his scorched and withered body. Cold water, in such a condition of the system, not only allays thirst, but causes copious perspiration, unlocks all the secretions, and equalizes the circulation in a manner and in a degree which nothing else can accomplish. Of all the so-called febrifuge remedies cold water is at once the most refreshing and generally also the most effective. In the self-limited eruptive diseases, as scarlet fever, measles, and small-pox, hardly any other means are required, at least in the milder cases, than cooling drinks and cooling affusions; certainly none are more grateful or of more general application. What is there more palatable, more acceptable to the parched mouth and heated stomach, than ice-cream and water-ices in certain forms and stages of disease, answering the purpose both of food and drink?

The articles that are mostly craved in the latter stages of disease, especially if at all severe or protracted, and during convalescence, are usually such as are of an acid or subacid

character, and they are evidently intended to supply the place of the gastric juice, which in this condition of the system is always greatly diminished in quantity, if not wholly suppressed, as well as materially altered in quality. A certain amount of hydrochloric acid, lactic acid, and pepsin is absolutely necessary to wholesome digestion; and hence such articles as contain vinegar and other acids, whether used as food or drink, are generally in this exhausted state of the stomach the most grateful that can be employed. They not only excite the appetite, but they provoke an increased flow of saliva and of gastric juice, and thus exert a salutary impression upon the general system, the benign influence of which is felt by every atom of living matter. The sensible practitioner, accustomed to watch the operations of nature, never fails to take advantage of these promptings of the appetite, well knowing that their judicious indulgence is often incomparably more beneficial than any medicine that can be administered. Such promptings are frequently, if indeed not generally, the immediate and sure precursors of convalescence. That disregard of them is occasionally followed by serious and even fatal consequences, the experience of every enlightened practitioner fully attests. A few examples, briefly narrated, may serve to place the subject in a more tangible light.

A few years ago I visited, in consultation, a young lady, the subject of a severe and protracted illness consequent upon a premature confinement, brought on by a violent attack of neuralgia in the lower bowel, from which she had suffered on several previous occasions. Among the more prominent symptoms were excessive nausea and vomiting, utter loss of appetite, rapid emaciation, and great failure of strength. For days and nights nothing was retained on the stomach. The moment she swallowed anything, however bland, it was rejected. It was while she was in this condition that I saw her. "Is there nothing," I said, "that you would like to eat or drink? Is there no craving of the appetite, no prompting of nature,

no longing of the palate?" "Yes," was the faint reply, retching and vomiting as she spoke, "I have had a longing for champagne for several days, but my physicians have obstinately refused to gratify me, saying I could not bear it." A bottle of the much-desired drink was speedily brought, and a fourth of a tumblerful quaffed off at a single draught. The nausea at once abated, a tranquil and refreshing sleep ensued, vomiting recurred only once afterward, rapid convalescence took place, and in a few weeks the lady was able to ride out and visit her friends. The champagne had evidently done the work.

Last winter I was called upon to prescribe for a young gentleman who had labored for five months under an obstinate diarrhea, contracted during a residence in the western states. He had regularly every twenty-four hours from fifteen to twenty alvine evacuations of a thin, watery character, generally preceded by griping pains, and sometimes accompanied by a discharge of a little blood and mucus. His face was sallow, he had no appetite, the stomach and bowels were teased with flatulence, his sleep was unrefreshing, he was thin and haggard, and his extremities were constantly inclined to be cold. The diarrhea was usually most harassing at night. He had taken much medicine, and had all along lived principally upon slops, so that the edge of his appetite was completely blunted. Suspecting that miasm might have had some agency in the causation of his disease, I placed him at once upon large doses of quinine in union with arsenious acid, strychnia, and morphia, thrice a day, and told him to eat raw oysters with vinegar and pepper, mustard, horse-radish, and chow-chow. "Why," said he, "good heavens, these are the very things my stomach has craved for weeks past, and I have not been permitted to taste any one of them." At my second visit, two days after, I found him sitting up over a bowl of stewed oysters, and a jar of chow-chow nearly half empty, with a voracious appetite,

an excellent digestion, refreshing sleep, and a most marked improvement in his diarrhea. He was soon able to walk out, and, with the exception of a little intestinal irritation, he rapidly got well, eating and drinking almost anything he pleased.

I have known patients to live for days and weeks almost exclusively, during a tardy convalescence after protracted illness, upon buttermilk, the appetite rejecting every other kind of food and drink excepting occasionally a little water, tea, or lemonade.

Dr. Gries, the eminent New York veterinary surgeon, informed me not long ago that he owed his recovery from a violent attack of sciatica altogether to the use of cider, for which during the progress of his illness he was seized with an irresistible craving. The paroxysms, which were most excruciating, usually came on about three o'clock in the afternoon, being frequently preceded by chilly sensations, and occasionally followed by fever. For four weeks, during which he was wholly without appetite and lost much flesh and strength, the only relief which he obtained from his cruel pains was from the hypodermic injection daily of half a grain of morphia. At the end of this time he was suddenly seized one morning with an unconquerable desire for cider; he drank a large bottleful at one sitting, which was followed by a most prompt and decided mitigation of his neuralgic troubles. Under the influence of this grateful beverage, consumed freely every day, the disease rapidly disappeared, and he has never suffered from it since.

A young lady affected with chronic jaundice, under the influence of which she was long deprived of appetite, suddenly took a fancy to boiled carrots seasoned with vinegar and caraway-seed. She freely indulged her inclinations, rapidly improved in health and strength, and soon completely recovered, having previously taken a great variety of medicines. I have a patient who is very fond of lobster salad, which he

invariably uses in considerable quantity, and apparently with much advantage, during convalescence.

Everybody knows how exceedingly grateful both to the palate and the stomach broiled ham is after a slight indisposition. Even its odor is often inexpressibly grateful to the patient, causing not only the mouth to water, but a free flow of gastric juice. The healthful quality of the ham in this condition of the system is no doubt dependent upon the creosote which it contains, serving both as a savory stimulant and as an invigorating tonic. Similar effects, as I can testify from numerous observations, occasionally follow the use of smoked herring, pickled salmon, cold slaw, and even so offensive a substance as sauerkraut. Indeed it may be assumed as a general principle that anything that contains an acid is wholesome if craved during convalescence; and the same is true, though not in a like degree, in regard to food that has been smoked or pickled.

The wholesome character of the cravings of the appetite is often displayed in a most wonderful degree in the diseases of infancy and childhood, especially during the excessive exhaustion consequent upon chronic diarrhea and cholera, the latter of which, as is well known, carries off annually its victims by thousands during our hot summer months. It is sad to think how many of these poor little creatures, borne down by these wasting affections until they look more like picked chickens than human beings, are still sacrificed upon the altar of prejudice and ignorance. Deprived of appetite, and continually oppressed with nausea, vomiting, and purging, pale, anæmic, flabby, puling, and powerless, is it possible that they should relish the insipid arrowroot, boiled rice, broma, corn-starch, and similar articles which so frequently form their only food? Can such substances, as generally employed, act as healthful stimulants to the salivary and gastric glands, inviting an increased flow of their respective secretions, so necessary to sound digestion? All experience and common



sense answer, No! The palate requires something more savory to rouse its dormant energies, the stomach something more searching to excite its exhausted nerves; ordinary food, in such a condition of the system, is not only distasteful, but flat and oppressive, utterly incapable of supplying the wants of the body. A powerful stimulus is needed. A new sensation must be created. The stomach is still a stomach, but it is a weak, prostrated stomach, utterly incapable of secreting healthy gastric juice, and of digesting any of the more common articles of food, which are often in consequence, as soon as they reach their destination, forcibly ejected, as if they were so many unwelcome intruders, much to the immediate comfort of the poor sufferer. In this exhausted condition of the system the child, apparently more dead than alive, will often seize with avidity a raw tomato, a peach, an apple, anything it may have craved, that may be within reach, and greedily devour it to appease the gnawings of hunger and the longings of the system. Such indulgence, which frightens many an ignorant mother out of her wits, is almost always followed by a speedy amendment of all the more distressing symptoms, with a marked improvement of the appetite so long held in abeyance simply for the want of something proper to eat. Raw meat, broiled ham, and chipped beef are among the great delicacies which the stomach craves in this exhausted state of the digestive organs. Sometimes an orange, a lemon, or a pickle is the substance most greedily devoured. I have repeatedly known a half-ripe apple to be productive of the happiest effects in promoting convalescence. In regard to drinks the same law holds good as in adults.

It is hardly necessary to state that these cravings of nature must be indulged with proper care and judgment. Too much latitude is as bad as too much restraint. A happy medium must be observed. The slightest indiscretion or overindulgence may be followed by the worst consequences. This caution is especially necessary in cases of severe and pro-

tracted disease, attended with excessive exhaustion. Solid food too must be given with more caution than fluid. In the convalescence from typhoid fever, perforation of the bowel, previously in a healing condition, has more than once suddenly taken place from the injurious contact of solid matter which the weakened stomach permitted to pass, undigested, into the alimentary tube.

If it is so necessary to humor Nature in her whims and caprices as it respects food and drink, it is equally necessary to indulge her in relation to the use of fresh air. Air is the natural stimulus of the lungs, and hence a proper supply of it is absolutely indispensable to the well-being of the system. Unfortunately physicians too often fail to give the requisite instructions in regard to this matter, assuming that what is so well known to themselves ought to be equally well understood by the nurse. In former times, during the reign of error and prejudice, unhappily still too prevalent, cold air was scrupulously excluded from the sick-chamber, under the conviction that it was a most pernicious agent, notwithstanding the actual longings of the system and the urgent desire of the patient, literally consumed as he often was by the raging fire within. This dread no longer exists, at least among the educated members of the profession. Cold air is now freely admitted into the sick-room, with proper care, of course, that the patient is not exposed to any direct draught, the injurious effects of which every one duly appreciates.

Patients need cool air not only for the lungs, the proper oxygenators of the blood, but also for the cutaneous surface, which, in a physiological sense, may be regarded as a kind of subsidiary respiratory organ. This want is strikingly evinced in nearly all diseases attended with great internal heat, as scarlet fever, measles, typhoid fever, small-pox, cholera morbus, gastritis, pneumonia, croup, and diphtheria, in which the sufferer, literally smothered by heat, tosses incessantly about

on his weary couch in search of a cool place, hardly permitting the slightest covering for his limbs and body, even when the former are icy cold to the touch. However often or carefully the blanket or comfort may be drawn over him, the same scene is instantly reenacted. The sufferer is in need of air, and he is calm and composed only when he experiences the full force of its contact in his almost nude condition. Is this not an indication as to what is wholesome? Is this not a want of the system, a longing of nature, as much as when a patient has a longing for some particular kind of food or drink? In this condition of the system there is hardly anything so salutary as sponging the surface every ten, fifteen, or twenty minutes with tepid, cool, or cold water, which, rapidly abducting the redundant heat, relaxes the skin, promotes perspiration, and tranquilizes the system in a degree that scarcely anything else will accomplish. In scarlet fever, measles, and other affections attended with excessive heat and restlessness, I know no remedy so efficacious in relieving the oppressive symptoms in the more ordinary forms of attack as this, along with a judicious ventilation of the patient's apartment.

In nausea and vomiting, especially if attended with excessive thirst, the contact of cold air with the cutaneous surface often acts like a charm in affording relief. I have frequently in this condition of the system experienced its happy effects in my own person, and I have known many others to be similarly benefited.

In obeying Nature's voice in regard to the use of cold air in the treatment of disease care must be taken not to carry the exposure too far. The very moment the patient begins to feel chilly, or complains of being cold, the application must be discontinued.

The desires of the mind should not be disregarded in the treatment of disease and during convalescence. Patients, from the effects of protracted suffering, often become weak-

mind and whimsical, taking a fancy to this thing or a dislike to that, as caprice may dictate; and thus, unless a certain degree of indulgence is granted, making not only themselves but every one else unhappy. Men under such circumstances are, mentally speaking, reduced to the condition of children; they can not be chastised with the rod; they can hardly be reasoned with; they must and will have their own way. It is Nature's demand; it is an outgrowth of the disease with which they have been afflicted, a requirement of mind and body, a craving of the will. The convalescent must talk; the voice must be exercised and heard; sound is music to the soul, a healthful stimulus of the nervous system.

The mind after a severe illness generally requires repose; but cases not unfrequently arise in which the reverse occurs, the patient being restless, discontented, and perhaps anxious to go about his accustomed business long before his shattered system is in a condition to bear the consequent excitement and fatigue. Should this feeling be curbed? If not completely curbed, it should assuredly be restrained within rational limits; otherwise, as is so often witnessed after injuries of the brain, and even in many of the more ordinary maladies, it may speedily rekindle the slumbering embers of disease, or awaken new disease in some other organ more or less allied by sympathy with the one originally affected.

Sleep is often greatly disturbed during serious illness, and in many cases it is even completely suspended, the patient tossing upon his weary couch for days and nights, totally deprived of "tired nature's sweet restorer, balmy sleep." The brain craves repose in obliviousness, and the patient's sufferings are increased a hundred-fold because he can not obtain it; he is too weak to sleep; his nervous system is exhausted; the harmony of the functions of the body is broken up; and, if relief be not soon afforded, a miserable death must follow. This state of the system, so distressing alike to patient, physician, and nurse, is a frequent

concomitant of typhoid fever and other low conditions of the system, and always demands the most consummate skill and judgment on the part of the practitioner for its successful management. Anodynes, as usually exhibited, instead of being beneficial, tending to soothe the system and to promote sleep, are decidedly prejudicial. The most suitable remedies are perfect quietude of mind and body, exclusion of light and noise, bromide of potassium, tonics, alcoholic stimulants, and nutritious food, taken as often and as freely as the stomach will admit. When the strength has by these means been somewhat recruited, recourse may be had to opiates, now with a prospect of marked advantage, especially if they be conjoined with some mild diaphoretic, as Dover's powder or the spirit of Mindererus. In the distressing insomnia attendant upon mania a potû I have seldom found anything so advantageous in the earlier stages of the disease as an emetocathartic of ipecacuanha and calomel, succeeded by bromide of potassium in large and sustained doses. Long and refreshing sleep seldom fails to follow such treatment. Hydrate of chloral is also a most excellent remedy, superior, if possible, to bromide of potassium.

In the treatment of ophthalmia, light, the natural stimulus of the eye, is always very properly excluded during the height of the morbid action, either by darkening the patient's apartment or by the use of a well-adjusted shade. The slightest ray falling upon the retina is a source of intense suffering as well as a cause of increase of the inflammation. But as the disease subsides the organ convalesces; Nature reasserts her claims to her accustomed stimulus; light is again craved, and if it be not now gradually admitted the eye will remain for a long time weak and irritable, with a corresponding impairment of vision. Such cases are of daily occurrence.

There is much in what may very properly be called the æsthetics of the sick-room. The arrangement of the furniture,

the position of the bed, the amount of light, the conduct of the nurse, the deportment of the visitors, the mode of ingress and egress from the apartment, and a hundred other matters, trifling in themselves, but massive in their aggregate, all exercise an influence for good or for evil upon the patient's comfort and his ultimate fate. If he is a man of refined and cultivated mind, accustomed to have things about him in a proper and orderly manner, his sense of propriety will be shocked at any lack of system and neatness he may observe. I never perform a serious operation without clearing away, at the earliest possible moment, everything that might tend to shock or fret the patient when he emerges from the effects of the anæsthetic. Every article of furniture should occupy its allotted place. There is nothing so unseemly in a sick-room, or so well calculated to ruffle the temper of a sensitive patient, as an accumulation of vials and pill-boxes upon the table, bureau, or mantel. Such sights can not be too pointedly condemned, as, by reminding the sufferer of their disgusting contents, they often serve to keep up nausea and even vomiting. A similar remark is applicable to spoons, knives, and other appliances. The æsthetics of the sick-room rarely receive adequate attention, in fact seldom any at all, and yet it would be difficult to overestimate their value in a curative point of view.

The ear has its wants not less than the eye; and even the nose comes in for a due share in Nature's voice. In all acute diseases noise is offensive to the sufferer, inasmuch as it serves to irritate his mind, and thus interferes with the rest and sleep so necessary during such attacks. Gradually, however, as the morbid action declines, the ear covets sound, and feels the better for moderate indulgence. Music and agreeable conversation then often come in play, to beguile the weary hours of the sick-room, to enliven the spirits, and to soothe the passions.

The sense of smell must not be overlooked either in

disease or convalescence. I have never known any one to be killed outright by an offensive odor; but I have repeatedly seen the most profound shock produced by it, and it is easy to conceive that such an impression, even if continued only for a short time, might exercise a most baneful influence upon recovery after a severe or protracted illness. There are many odors in a sick-chamber far more disgusting and depressing in their effects upon the vital powers than the foulest emanations of the macerating-tub in the dissecting-room. The sight and fragrance of flowers often materially contribute to restoration by the agreeable impression they make upon the brain.

I have already spoken of food and drink in connection with disease and convalescence. What shall I say of medicine? There is a time for all things, and there certainly is a period in every case of disease and accident when medicine should either be entirely thrown aside, or given in the most sparing manner and only at long intervals. In all acute attacks, of whatever character, no one will deny that there is need of medication; that certain drugs must be introduced into the system in order to assist in correcting morbid action and restoring the healthy functions; but who does not know that even under such circumstances a vast deal more is given than the case demands. It was well said, I believe by Meade, that when he was a young man he had twenty remedies for every disease, but hardly one for any after he had attained to the age of common sense and sound experience. This sentiment, I venture to assert, represents the views of every enlightened practitioner in the civilized world. To fill the stomach with nauseous compounds every few hours is an abomination which ought to be punished with fine and imprisonment, if not the gallows. I am sometimes accused of being overfond of large doses. I like a strong weapon when I have to fight a strong adversary; an insignificant one when the strife and combat will soon be over: one does not raise a



storm to drown a fly. Frequent dosing is of all dosing the most detestable. No stomach, however strong or tolerant, can long withstand such onslaughts. No sensible practitioner waits until the stomach rebels; it is his province, his solemn duty, to watch the system, and to anticipate in order that he may prevent evil.

The sexual appetite, like the appetite for food and drink, is generally in disease either completely abolished, or, at all events, wisely kept in abeyance until the heat and strife are over, and the system has regained in a considerable degree its pristine power. There are, however, certain states of the organism in which it is a prominent, if not an ungovernable, symptom. Military surgeons long ago noticed that soldiers wounded in the cerebellum and back part of the head are not unfrequently tormented with violent erections, accompanied with uncontrollable venereal desire. Quite a number of such cases are detailed in the writings of Larrey, Hennen, Guthrie, and others, as well as in our periodical literature, and they find their counterpart in what occasionally occurs during the progress of various kinds of fevers, especially typhoid, as well as in other diseases accompanied with excessive exhaustion of the nervous system. Many years ago I attended, along with Dr. Joseph Knight and Professor Rogers, of Louisville, a medical gentleman, twenty-seven years of age, on account of a somewhat protracted attack of typhoid fever, from the effects of which he seemed to be slowly but surely convalescing, when he was suddenly seized with a violent and uncontrollable desire for sexual intercourse. The gratification of this passion was immediately followed by excessive pain in the abdomen, with great increase of prostration, causing death within twenty-four hours after the indulgence. I have repeatedly witnessed this development of venereal desire during convalescence from remitting and intermitting fevers, although I have never been able to satisfy myself of its wholesome character. On the contrary, there is reason to

believe that it is generally dependent upon some morbid condition of the brain, the precise character of which it is impossible, in the existing state of our knowledge, to determine. That this is particularly true in cases of injury of the head and cerebellum is unquestionable. When the desire exists in a strong degree, and convalescence is well advanced, a moderate indulgence of this kind, provided there has been no serious structural lesion of any important organ, may not only be permissible, but even conducive to health. It is a craving of nature, an indication as to what is wholesome, and its prudent gratification is far more rational, in a sanitive point of view, than its ascetic denial, attended, as it would be under such circumstances, by more or less mental and bodily perturbation, incompatible with the healthy operations of the system. St. Paul says it is better to marry than to burn, and in this view of the subject the practitioner, influenced by sound sense and an enlightened knowledge of physiology, fully concurs.

PHILADELPHIA.

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## HEMOPTYSIS.

BY LEWIS ROGERS, M.D.,

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Hemorrhage from the lungs may arise from a variety of morbid conditions, some casual and rare, others more common, and associated with important lesions. Among the latter may be mentioned cancer of the lung, cardiac diseases, and that special constitutional state which precedes the development of pulmonary consumption. In this last connection hemoptysis occurs with tenfold more frequency than in any other. The treatment of this variety has corresponding importance.

Since Laennec wrote, the opinion has been very positively

held by the profession generally, and even anterior to that date, prevailed, that hemorrhage indicates existing tuberculosis of the lungs. Even in the absence of other rational and physical signs of tuberculosis, and when the subject of the hemorrhage seemed to be otherwise in absolute health, the coughing of blood has been deemed a sufficient warrant for the diagnosis of tubercles in the lungs. Therapeutically, this opinion is a very important one. Apart from the hurtful effect which this diagnosis may have upon the mental and physical condition of the patient, depressing the vital forces, and enhancing the deteriorated nutrition already existing, it must essentially, and may harmfully, modify the treatment of the hemoptysis.

The more correct opinion, now entertained by many enlightened pathologists, is, that the special constitutional state, which gives rise to the tuberculosis, also produces great delicacy and thinness of the capillary vessels of the bronchi—"a hemorrhagic diathesis of the bronchial mucous membrane." The tuberculosis and the hemoptysis arise from a common cause. This may be accepted as the true morbid condition of the bronchial mucous membrane and pulmonary alveoli, in a very large proportion of the cases of hemoptysis, whether or not tuberculosis succeeds immediately, or at a distant period. There is molecular rupture of the tender capillaries, unattended by active or passive hyperæmia of the bronchial membrane or of the alveoli of the lungs. As a rule, the hemorrhage is not preceded by symptoms of marked constitutional or local disturbance, but suddenly surprises the subject of it, when apparently in good health. Occurring under such circumstances, auscultation may fail to disclose physical evidences of any lesion of the organs.

Exceptionally, there are symptoms of sthenic congestion of the bronchi and lung substance, such as pain, stricture, dyspnœa, excited pulse, and elevation of temperature. These symptoms generally subside upon the occurrence of more or

less hemorrhage, and may or may not be followed or accompanied by the rational and physical evidences of organic lesion of the lungs.

This sthenic form of hemorrhage is more apt to occur after tubercles have formed than in the pretubercular stage. It is the result of an active hyperæmia, produced by the irritation of a foreign substance in the delicate tissue of the lungs. This hyperæmia, unless relieved by the hemorrhage, may pass into inflammation, with the exudation of cacoplastic fibrine around the tubercular deposits. As the hemorrhage proceeds, and sometimes in the ratio of its amount, the sthenic excitement passes away, and quiescence of pulmonary symptoms may ensue, the hemorrhage proving conservative.

In the first form of hemorrhage referred to, the product of the diathesis which causes tubercle, the bleeding generally ceases after greater or less loss, and the subject may return to his accustomed health without further evidence of pulmonary disease. After the lapse of an indefinite time another hemorrhage may occur and subside, and such attacks may recur for many years. This is not rarely the fact. Though hemorrhage be often closely followed by cough and the various rational and physical signs of tuberculosis of the lungs, it is not always so. Statistics furnished by reliable authority, and sufficiently extensive to be entitled to practical consideration, give a large number of cases in which hemorrhage has occurred once, twice, or oftener, without subsequent disease of the lungs. The experience of every physician affords instances of a like kind. These cases are exceptional, it is true; for, as a rule, symptoms of grave disease ordinarily follow close upon the hemorrhage. They are not the result of the hemorrhage, however; and there is just reason to think that they are often mitigated, and even prevented by it. So marked is this fact often, as to warrant the opinion that the hemorrhage has substituted the deposit of tubercle; instead of being the cause, as has been held, it is prophylactic. The

force of this fact in relation to the therapeutics of hemoptysis must be obvious.

The points which I desire to make, as bearing upon the treatment of hemoptysis, are these: Hemorrhage does not cause tubercle, nor a condition of lung leading to pulmonary consumption. On the contrary, it may be protective—in some unknown way correcting the tendency to disease. It often occurs when tubercles are not present, and may even prevent or defer their deposition. The form of hemorrhage which occurs early is not attended by symptoms of active hyperæmia.

Hemorrhage of a sthenic character usually indicates the presence of tubercles, the irritation of which invites active congestion. This congestion may be mitigated by the hemorrhage, and the supervention of inflammation prevented. In both forms of hemorrhage the lungs seem to receive either temporary or permanent benefit from the local escape of blood; in the one, the deposit of tubercle seeming to be prevented or postponed; in the other, the further deposit of tubercle being retarded, and inflammatory complications, which play so important a part in pulmonary consumption, averted. Facts warrant the assertion that persons hereditarily predisposed to consumption, or with an acquired diathesis, are often protected from the further development of the disease. They also warrant the further statement that the affection is often kept within the limits of the first stage by occasional hemorrhages. A long first stage, compatible with a useful amount of healthful vigor, may thus be secured. The most protracted cases of undoubted pulmonary consumption are those in which hemorrhage occurs from time to time. The subjects live long because of the relief thus afforded. Their hemorrhages are not frequent because their disease is protracted, but their disease is protracted because of the local and constitutional relief afforded by the hemorrhages.

When tubercular disease has invaded both lungs and

advanced to excavation, with corresponding constitutional exhaustion, hemorrhage of course can do no good; but, on the contrary, must add to the debility, and hasten the local disorganization. The conservative influence of hemoptysis is limited to the pretubercular condition, or to the first stage of tuberculosis. That which occurs as a result of rapid disorganization of the substance of the lungs, dependent upon the erosion of large vessels in the midst of tubercular infiltration, can not bring relief to the local mischief, and can only add to the already enfeebled condition of the patient.

Bronchial hemorrhage, though often profuse in the earlier stages of tuberculosis, is very rarely fatal, or even a cause of essential prostration. Locally depleting, or otherwise subverting the tendency to local trouble, it does not produce material constitutional weakness, and thus add to the systemic dyscrasia. It may prove salutary, and is not likely to prove detrimental. This, however, is not always the fact. It sometimes continues with great obstinacy, and may be repeated so frequently as to induce anæmic exhaustion. Such cases are exceptional. When they do occur, the probable benefit of the local loss of blood is more than neutralized by the injurious influences incident to such continued waste of the vital fluid. Loss of blood from any other part of the body, or exhausting drains of any other kind, would be equally pernicious. The case is to be considered and treated as one of constitutional exhaustion, and not of special pulmonary hemorrhage.

While hemoptysis is, for the most part, salutary in the earlier stages of tuberculosis, and may even prevent the deposit of tubercle, there is one mode in which it may prove eminently hurtful, which has been noticed with much emphasis by recent pathologists. As the point has been insisted on, and has a practical bearing upon the treatment of hemoptysis, it is worthy of consideration. The recent German pathologists claim that a large number of the cases of consumption

are not tubercular, in a strict and proper sense, but are cases of chronic pneumonia, in which the attending exudation has undergone caseous metamorphosis, with subsequent decay. True or miliary tubercle may or may not be developed as an epiphenomenon. They are extremely rare. This idea is extended to the clots of blood retained in the bronchial tubes and pulmonary alveoli, after hemoptysis. These clots may prove irritant to the lungs and provoke pneumonia, with exudation; the clots and exudates may both undergo caseous transformation, and thus lead to disorganization. Niemeyer says: "When, after a bronchial hemorrhage, coagulated blood is retained in the air-vesicles and bronchi, its irritating effect is quite as great upon surrounding parts as is that of a thrombus or coagulum within upon the vascular tissues. The bronchitis and pneumonia arising from such a source may result in various ways. A very common consequence is, that both clot and inflamed pulmonary tissue undergo a caseous metamorphosis, with subsequent decay." In support of this opinion Niemeyer states, as a matter of repeated observation, that he has found, two or three days after a hemoptysis, an elevation of temperature and increase in the frequency of the pulse, constitutional disturbance, and lancinating pains of more or less severity in the sides of the chest. Though this experience has not been substantiated by other observers, it is worthy of respect. Its bearing on the treatment of hemoptysis is obvious. It suggests a caution as to the use of sedative and narcotic remedies, which may prevent the expectoration of blood effused by the bronchi and air-cells.

Hemoptysis is one of the earliest evidences of threatened trouble of the lungs. It is often the first warning of incipient disease. It occurs before tubercles have been developed, contemporaneously with them, and when they have existed, for a greater or less length of time, in their first or unsoftened stage. This is a most critical time in the history of the



disease, so far as preventive and curative treatment is concerned. "*Obsta principiis*" is a very important maxim in the treatment of pulmonary consumption. If the disease is to be arrested or prolonged, the most propitious time is this dawning period of invasion. Nothing should be done inconsiderately. Hence the importance justly attaching to the management of early hemoptysis. It is the habit of physicians to look upon hemoptysis as a symptom to be arrested summarily, and a variety of remedies, local and general, is urgently pressed into service. The tenor of this paper, founded upon an experience not very limited, and sustained by other considerations, is designed to inculcate an opposite practice. It is opposed to any interference looking to an immediate arrest of hemorrhage. In a very large proportion of cases—a proportion so large as practically to amount to a totality—the early hemorrhages of pulmonary phthisis are never fatal, and rarely sufficiently profuse to cause material loss of strength. They do then no essential harm. On the contrary, there is reason to believe that they are essentially beneficial, and for this reason should not be hastily nor rudely interfered with. The alarm of patients and the anxiety of friends offer urgent inducements to the use of remedies, but should not override the sound judgment of the physician. The hemorrhage is prone to be repeated several times, and even for a number of days; but as long as the strength is not impaired by excessive loss of blood, it may be safely left to its own spontaneous subsidence. Quietude of body and mind, interdiction of speech, cool air, and a cool regimen generally, are all that is necessary. By this simple treatment, the patient will shortly emerge from the attack with improved local sensations, if the hemorrhage has been preceded by evidences of pulmonary suffering, and with a more hopeful prospect of entire freedom from either immediate or remote lesion of the lungs. This prospect will be enhanced, not a little, by the fact that neither the general system nor the digestive organs have been

damaged by active medication. Derangement of the stomach and other organs of sanguification is a powerful factor in the production of tuberculosis, and every care should be had to preserve these organs in the best possible condition at this most critical period. Diseased nutrition is the essentiality of the various morbid diatheses. Niemeyer says that it is important "in dealing with patients threatened with this affection, or who have already suffered an attack, to preserve them with peculiar care from all hurtful agents which could injure their nutritive condition."

In hemoptysis, as seen in a large proportion of cases, the evidences of active hyperæmia of the lungs are wanting. Pain, oppression of breathing, excitement of the circulation, except that which is emotional, and elevation of temperature, are not present. Patients are usually surprised, in the midst of good health, by the sudden onset of the hemoptysis. Cases, however, do occur in which these several conditions are present. They are usually those in which the physical signs of tubercles, either recent or of some duration, can be detected. In these there are, not infrequently, active hyperæmia of the lungs, and a corresponding febrile excitement. The pulse is frequent and the temperature elevated. A condition bordering on inflammation exists, and probably inflammation would occur but for the local loss of blood, and sometimes does occur, albeit free local depletion may be going on. The hemorrhage is the result of the hyperæmia, and may lead to its relief. In this form of hemoptysis the indications of cure do not warrant the use of remedies to arrest the bleeding, regardless of the underlying morbid state giving rise to it. By the use of mere astringents, useful hemoptysis might be converted into a dangerous pneumonia, or a deposit of tubercle precipitated, which might have been indefinitely postponed. If the sthenic excitement transcend the limits of probable relief from the spontaneous local flux, remedies sedative to the heart may be safely resorted to. General blood-letting,

free cupping, veratrum viride, aconite, and ipecacuanha may be judiciously used. By general blood-letting, the volume of blood is diminished and sedation of the heart's action secured. Pressure is taken from the congested vessels of the lungs by the diminished *vis a tergo*, and tension of the capillary vessels abated. The remedy may be useful, therefore, in these rare cases of sthenic hyperæmia, by its spoliative, sedative, and derivative action. The veratrum viride is promptly and powerfully sedative to the heart, and diminishes pressure upon the capillary system without waste of blood. I have found it eminently valuable in active pulmonary hemorrhages. The same is true of aconite and ipecacuanha. Some specific power over mucous fluxes is claimed for this latter remedy, but its sedative action is probably the explanation of its virtues. It is not often that these powerful agents are demanded by cases of hemoptysis, and when they are, the morbid state of the bronchi and lungs is the indication for their use, and not the hemorrhagic result of this state.

It is in this form of sthenic hemorrhage, and to fulfill the same indications of cure, that cold to the surface of the chest, in the form of compresses saturated with ice-water, has been commended by many most judicious authorities. Among others, Walshe and Niemeyer are very emphatic in their praise of this remedy, and repudiate the idea of danger from it.

The passive hemorrhage of the pretubercular stage, and that which occurs when tubercles are just forming in the lungs, sometimes becomes excessive by its repetition and protraction, and may lead to hurtful exhaustion. It then becomes a matter of paramount interest, and should be arrested, regardless of the effect such arrest may have upon the local affection. The consideration of possible benefit from moderate hemorrhage must now be merged in the more important consideration that anæmic exhaustion will enhance, very seriously, the constitutional dyscrasia leading to tubercu-

losis. Under such conditions the various general and local astringents must be put in requisition. Among the more important of these, may be mentioned, acetate of lead, gallic acid, sulphuric acid, alum, digitalis, turpentine, and the persulphate and perchloride of iron. The lead has a time-honored reputation, and is certainly a most efficient remedy. The English practitioners esteem it beyond all others. Aside from its irritant action on the stomach, and its poisonous influence upon the nervous system, it deserves to hold its place among those means which are designed simply to seal up the ruptured capillaries. The gallic acid is a powerful constitutional astringent in this and other hemorrhages. For prompt effect, it should be given in doses of ten to thirty grains, every half hour or hour, or at longer intervals, as the exigency of the case may demand. It is sometimes eliminated by the lungs, and its effect in producing a peculiar deep but transparent greenish tint of the expectorated blood should be looked for. When such effect is realized, its styptic action may be expected. Digitalis, by its tonic action upon the heart and capillaries, will be found a remedy of admirable efficacy in many rebellious cases. My experience with this article justifies the reputation which it enjoys, with other observers, in the treatment of this and other hemorrhages. Its stimulant action upon the heart, in therapeutic doses, renders it more proper for passive than for active forms of disease. For a mode of action somewhat similar, the ergot has been given with satisfactory results. It is best administered in substance, recently pulverized, as other preparations in common use are often inert. Alum and aromatic sulphuric acid dissolved in cinnamon-water is a favorite formula with me. The several articles mentioned may be given successively, and variously combined. In this, as in other hemorrhages, the oil of turpentine is entitled to confidence. Escaping from the circulation through all the mucous surfaces, it impresses upon the capillaries a peculiar stimu-

lant action, which causes them to contract. The perchloride and persulphate of iron are powerful constitutional and local styptics, which should not be omitted in the treatment of obstinate cases in which anæmia has been developed. I have succeeded in arresting protracted hemoptysis, after failure by other means, by the inhalation of atomized persulphate of iron. This powerful styptic would be particularly adapted to those fearful and often fatal hemorrhages, which occur in the advanced stages of pulmonary consumption, from the erosion of large blood-vessels.

Reference has not been made to the power of opium, in its several forms, in the treatment of hemoptysis. Either alone or in connection with the remedies already mentioned, it is the most trustworthy of the hæmostatic agents in controlling all the hemorrhages. By its sedative influence upon the nervous and vascular systems, and especially upon the capillary system, it excels all other remedies in the arrestation of morbid effusions. These qualities adapt it to the control of both active and passive hemoptysis. By allaying cough and diminishing the frequency of respiration, it compels rest of the lungs, and thus contributes to the relief of pulmonary hemorrhage.

In dealing with the cough, which is excited by the presence of blood in the bronchi and air-cells, some care is requisite. If violent and unchecked, it may maintain and increase the hemorrhage. But on the other hand, if it be merely stifled by powerful and persistent opium narcosis, the coagulated blood may be retained in the tubes and cells, and lead to the dangerous changes already referred to. Circumscribed pneumonia, with caseous transformation of the exudates and of the blood-clot, may result in a rapid destruction of the lungs. It is necessary therefore to pursue a middle course in the use of opium; to mitigate but not suppress the cough; to blunt but not obliterate the sensibility of the bronchial mucous membrane.

LOUISVILLE, KY.

## VERATRUM VIRIDE IN PNEUMONIA.

BY T. M. WOODSON, M. D.

The remarkable change in the treatment of pneumonia which has taken place in the last twenty years is well known to every physician. For the antiphlogistic plan, the opposite one of sustaining the patient by diet, and even by stimulants, is now generally pursued. Why this sudden and complete revolution has occurred, or whether the profession has acted wisely in going from one of these extremes to the other, I shall not stop here to inquire. The important question to be settled is, Has greater success attended the latter mode of practice? And to this question statistics certainly appear to return an affirmative answer. But, in this country at least, no method of cure has hitherto been found perfectly satisfactory. Pneumonia is still a disease of very serious mortality, and there are those who even doubt whether its fatality has not increased since the new method was introduced. I shall not enter into a discussion of the point, but propose in a few words simply to give the practice which I have myself pursued in the disease during the last fifteen years, and this I can not do more satisfactorily than by detailing the history of a few cases.

CASE I. Miss D., aged eighteen years, of full habit, and previous to her attack of good health and constitution, was seized on the 12th of April, 1858, with a chill, followed by fever, pain in left side, cough, oppressed breathing, viscid, rusty sputa, etc. I saw her next day, and found her with well-developed pneumonia in the left lung, as indicated by moderate dullness on percussion over the lower lobe of the left lung, and well-marked crepitation; pulse one hundred and twenty. Prescribed Norwood's tincture of veratrum

viride, six drops every four hours; dose to be increased one drop every time till the pulse was reduced, or nausea or vomiting came on. Gave ten grains of Dover's powder, with five of calomel; the former to be repeated every six hours, and to be followed in twelve hours by castor-oil. Sinapisms to the side.

14th. Pulse reduced to ninety-six. After the third dose of the veratrum vomiting occurred, and the dose was diminished to three drops; bowels have been moved. Continued the remedy in five-drop doses, with ten grains of Dover's powder every six hours.

15th. Pulse fifty-five; cough and rusty sputa have nearly ceased; no pain in the side; skin soft and cool; patient slept well last night. Veratrum continued in doses of three drops every four hours, with Dover's powder every eight hours.

16th. Pulse sixty-five; no nausea from the veratrum, which was continued three drops every five hours, with ten grains Dover's powder at night.

On the 18th all treatment was discontinued. This case was seen in the beginning, and seems to have been aborted by the treatment. The following case was not treated so early, and ran a longer course.

CASE II. C., a strong female aged twenty years, in good health previously, was attacked on the 22d of May, 1857, with a chill. I saw her on the 25th, and found her suffering severely with pain in the left side, difficult breathing, cough, rusty sputa; pulse one hundred and thirty-two; hot, dry skin; and the following physical signs: dullness on percussion, with bronchial respiration and bronchophony, occupying the two lower thirds of the left lung posteriorly. Had been purged with blue pill and castor-oil. Ordered six drops of tincture of veratrum every three hours, increasing the dose for effect, with ten grains of Dover's powder every six hours, and sinapisms frequently applied to the left side.

26th. The veratrum, carried to nine drops, excited nausea



and vomiting. Pulse sixty-six; skin soft; pain in the side diminished; cough less troublesome. Treatment continued.

27th. Pulse ninety-six; skin hot, etc. Continued the veratrum and Dover's powder.

28th. Pulse eighty, with an improvement in all the symptoms. Same remedies continued.

29th. Improvement continues; pulse seventy-two. Treatment as before.

30th. Pulse eighty; copious yellow sputa; patient comfortable. Pursue the same treatment. On the first of June the case was dismissed.

This was a severe case of pneumonia, and was not seen until after the second stage of the disease was fully developed. A cure was made in nine days. The next case had treatment in the first stage of the disease.

CASE III. T. W., a male aged twenty-eight years, who had suffered with pneumonia before, was attacked May 25, 1869, with chill; pain in the right side; cough; viscid, rusty sputa; painful breathing, etc. I saw him twenty hours after the access of the chill, when the physical signs—crepitation, loss of resonance—were well marked at the base of the right lung, extending above the nipple; pulse one hundred and two; respirations thirty; temperature one hundred and three degrees. Treatment: seven drops tincture of veratrum every three hours; one grain of opium every four hours; mustard to the side.

27th. Pulse in twenty-four hours has declined to ninety, respirations to twenty-two, temperature to one hundred and a half. Patient has vomited once; his skin is moist, and general condition satisfactory; gave oil and continued the tincture of veratrum and the opium.

28th. Pulse seventy-two, respirations twenty, temperature ninety-nine and a half; rusty sputa gone; no pain in the side. Continue the veratrum and opium at longer intervals; patient relieved.

CASE IV. B., aged twenty, attacked with chill on the 7th of last January, followed by severe pain in the right side; fever, cough, rusty sputa, oppressed breathing, and delirium. I saw him first five days after the attack, during which he had been purged with oil, and had taken four doses of Dover's powder of ten grains each; pulse one hundred and four, respirations fifty, temperature one hundred and five degrees. The whole right lung was involved, and had reached the period of solidification; the bronchial respiration, bronchophony, and dullness were all decided. Gave six drops of the tincture of veratrum, with one grain of opium, every four hours; mustard repeatedly to the side.

January 13th. Pulse ninety, respirations forty-six, temperature one hundred and three quarter degrees; sputa as yesterday. Complains severely of pain in the side and of slight nausea. Continue the veratrum in doses of five drops, with one grain of opium every four hours.

14th. Pulse eighty, respirations sixty, temperature one hundred and two and three-quarter degrees; nausea, tympanites, abdomen tender, expectoration without blood, and delirium. Ordered castor-oil with spirits of turpentine to move the bowels; mustard to abdomen; three drops tincture of veratrum every four hours, and one grain of opium every six hours.

15th. Pulse ninety, respirations fifty, temperature one hundred and two and three quarter degrees; bowels have been gently moved, which afforded relief; cough better. Directed him to take the veratrum and opium every four hours, with alcoholic stimulants. Diet: milk and soup every four hours.

16th. Pulse seventy-two, respirations forty, temperature one hundred and three quarter degrees; better in every respect. Treatment of yesterday continued.

18th. Pulse sixty-six, respirations thirty-three, temperature ninety-eight degrees. Continued the veratrum and opium in smaller doses for the next twenty-four hours. Dismissed.

The foregoing was a severe case, extending over eleven days, and demanding a supporting, stimulant course, in combination with the remedies which had availed in other cases.

In 1857 and 1858 twenty consecutive cases of pneumonia came under my care; eleven of these were males and nine females. All were treated by the above method, and all successfully but two—one a case of double pneumonia, in which venesection was used, and in the other tartar emetic having been administered. Since that time I remember but two fatal cases of the disease in my practice. In one pericarditis supervened; the other was a female of feeble constitution.

Physicians there are, I know, who are distrustful of the safety of veratrum, and decline to use it in pneumonia, though its efficacy has been attested by so much authority. After many years' experience with it I am free to express the opinion that in inflammatory affections it is a sedative of the greatest value, controlling the action of the heart as effectually as blood-letting, without the exhaustion that must follow a loss of blood. Arterial excitement is reduced by it, while the vital forces are economized. It is especially adapted in pneumonia to the stage of engorgement, in which it has appeared to me to bring about prompt resolution. If I am not much deceived, I have seen cases cut short which without it would have gone on to hepatization, and passed through all the stages of the disease. But it is adapted to the disease in all its stages accompanied by excitement, and is especially valuable in cases tending to a typhoid character, where antiphlogistic remedies are clearly inadmissible. It is safely administered to children of all ages, its effect being carefully observed, and its depressing influence guarded against. This last effect is preceded or attended by nausea and vomiting; but the alarming symptoms sometimes thus induced are speedily removed by stimulants, the remedy being suspended for the time. It has never in my hands caused irritation of the bowels, which is so apt to follow the administration of antimony.

The constitutional effects of veratrum having been secured, there is with the reduced force of the circulation a corresponding reduction of temperature and respiration, and an amelioration of all the symptoms of the disease. Some experiments recently made by Dr. H. C. Wood, of Philadelphia, with the alkaloid principle of veratrum, justify the expectation that we shall hereafter be able to secure the sedative effects of this energetic remedy without its perturbing properties.

While I unite with those who have extolled the virtues of veratrum, I should be far from relying solely upon it in the treatment of pneumonia. Opium is unquestionably entitled to a prominent place in the treatment of inflammatory diseases, and seems to be specially adapted to the one under consideration. In pneumonia it is not only palliative but curative in its action—allaying cough, pain, nervous irritation, and is available in the later as well as the early stage of the disease. Nor is there any incompatibility between the two articles which I place at the head of the remedies for pneumonia; they are given advantageously in conjunction, the effect of the veratrum being better so combined than when administered singly.

Blood-letting does not seem to me wholly inadmissible in pneumonia. On the contrary, I should not hesitate to bleed in a case where the subject was of a robust constitution, with a high temperature, a full, bounding pulse, and great difficulty of breathing. In such cases suffocation sometimes seems to be impending, and no measure promises such immediate relief as the abstraction of blood. To obviate this state of things I should bleed at once, and then bring my patient under the influence of veratrum for the purpose of keeping down inordinate arterial action. But I believe cases presenting such symptoms are of rare occurrence; much more frequently we meet with the opposite condition, in which the sustaining or the stimulant plan is indicated.

GALLATIN, TENN.

A FEW OBSERVATIONS ON THE ILIO-FEMORAL  
OR "INVERTED Y LIGAMENT."

BY GEORGE C. BLACKMAN, M. D.,

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Professor Bigelow, of Harvard University, has made to American surgical literature one of the most interesting and valuable contributions it has received for many years.\* He describes seven regular varieties of hip luxations, four of which he claims are new. His division embraces—1. Dorsal; 2. Dorsal below the tendon (ischiatric notch of Cooper); 3. Thyroid and downward, including obliquely inward on the thyroid foramen, or as far as the perinæum; vertically downward; obliquely outward as far as the tuberosity. In these, he maintains, the phenomena are due chiefly to a single portion of the capsule; namely, the ilio-femoral, or, as he has thought proper to denominate it, the inverted Y ligament. In the pubic, anterior oblique, supra-spinous, and everted dorsal, the external branch is broken. In the others both branches of the ligament remain unbroken. In another class, or irregular dislocations, the ligament is wholly ruptured, and the characteristic signs are uncertain.

Professor Bigelow states that the object of his work is to show that in dislocations of the hip the position of the limb depends chiefly upon a ligament which has been of late years imperfectly described, and that the reduction of these dislocations should be managed accordingly. He adds that his views have been so well established by repeated experiments upon the dead subject, and so corroborated by current pathological phenomena and by the mass of reported cases and

\*The Mechanism of Dislocation and Fracture of the Hip, with the Reduction of the Dislocations by the Flexion Method. By Henry J. Bigelow, M. D.

autopsies, that little doubt can exist of their correctness. Since the year 1854-55 he says that he has demonstrated to his class the method of reducing by manipulation alone the four dislocations of the hip as usually described; and although these were made upon a single dead subject, with the capsule consequently greatly lacerated, he states that in no instance did he fail to exhibit the appropriate and well-known attitude of each dislocation. The fixed attitude of the limb he first supposed to be due to the muscles; but in the spring of 1861 he had an opportunity of exposing a joint, the luxation of which had been the subject of a lecture, and was agreeably surprised to observe the simple action of the ligament, which presented the appearance of a strong fibrous, fan-shaped, and forked band, the anterior and upper parts of the capsule being uninjured, while the inner, outer, and lower parts were lacerated, as were the ligamentum teres and muscles about the joint.

We have no inclination, even did time and space permit, to engage in the rather *personal* controversy to which Prof. Bigelow's treatise has given rise in our own country; yet we can not but express the hope that the evidence we are about to bring forward may serve *tantas componere lites*, as it shows, we think, conclusively that both parties have been anticipated upon the chief points of the question in dispute.

Dr. Fenner, in the New Orleans Medical and Surgical Journal for July, 1848, gives the particulars of the dissection of a luxation on the dorsum iliî, produced by the explosion of the boilers of a tow-boat, which caused the death of the patient three days after the accident. It is stated that after all the muscles of the thigh had been severed, although the head of the bone could be made to descend a little, it could not be replaced. "The ilio-femoral ligament was found densely stretched," and, although the muscles between the pelvis and the thigh had been severed, "it was found impossible to replace the head of the femur into its proper position. It

could not be forced back through the aperture in the capsular ligament, out of which it had passed. At the time of the accident the capsular ligament had been ruptured to one half its extent, as was a portion of the obturator externus, pyramidalis, and gemini muscles. The capsule had to be enlarged from one half to three quarters of an inch before the head of the femur could be put back into the cotyloid cavity." Dr. F. is explicit also in expressing his belief that the capsular ligament may often cause much difficulty in reducing luxations of the femur.

Under the head of "Luxation," published in Costello's *Cyclopedia of Practical Surgery*, London, 1862, Maisonneuve discusses with much spirit the question, why, in attempting to reduce luxations of the head of the femur, it has happened that the most frightful consequences have occurred in the hands of the most experienced surgeons, while, to use his own words, the empirical maneuvers of certain medicasters were sometimes followed by a reduction, which the former had attempted in vain. How often, he adds, has a sudden involuntary movement of the limb made by the patient, or by a third person, sufficed to effect instantaneous reduction after all the efforts of surgeons had proved useless! After quoting several such instances, he observes that almost all works on surgery have taught that the resistance to be overcome was the muscles, and to overcome their contraction enormous power has been employed, and most frequently in the direction of the axis of the limb. More correct views, he continues, may be acquired by a simple experiment on the cadaver. For example, if, after dividing all the muscles of the limb, the head of the femur be luxated, all our efforts of direct traction in the axis of the limb will prove vain; and, whatever be the degree of force employed, the reduction will not be obtained. "The necessary inference is, that the resistance must be in the fibrous tissues, and that it can not be overcome by direct traction." He illustrates his views by referring to an "iliac"



luxation, the result of violence. On examining such a joint, the head of the femur is seen to be held firmly in its new relations by a fibrous cord, tense, resisting, and twisted round it. This cord, he adds, is formed of the portion of the capsule that strengthens it at its insertion into the acetabulum, and if in this position direct traction be made, the tension of the ligament increases, and binding more and more the head of the femur against the iliac fossa and the edge of the acetabulum, renders the most powerful efforts useless. "But if, on the contrary, the thigh be bent, the tension of the ligament ceases at once, and then a slight movement of elevation and rotation outward will suffice to make the head of the bone return into the cotyloid cavity."

He remarks that in several instances the autopsy of persons affected with luxation, and who died immediately after the accident, has afforded him an opportunity of verifying the correctness of the above views. He gives the details of a case of an "upward and outward" luxation, with fracture of the pelvis and other serious injuries, which caused the death of the patient soon after his admission into the Cochin Hospital, February 19, 1854. He states that the autopsy was made with great care, and the articular capsule was found intact in front, and lacerated, but not to much extent, in its superior and posterior part. The head of the femur rested directly on the edge of the acetabulum, and partly on the external iliac fossa. The trochanter major was turned directly forward.

"These new positions were firmly maintained by the anterior part of the capsule already mentioned, and, being twisted round the head, formed a fibrous cord of great resisting power. I now divided all the muscles of the femur, and when the two osseous surfaces were only held together by the portion of the capsule that remained intact, my assistants made movements of direct traction; but in spite of all their efforts they were unable to overcome the resistance of the fibrous cord."\*

\* The "strong fibrous, fan-shaped, and forked band" of Bigelow.—G. C. B.

Maisonneuve now bent the thigh, when the tension ceased at once, while a slight movement of traction and rotation outward then sufficed to return the head of the femur into the acetabulum. The experiment was frequently repeated with the same result, "while by turning the difficulty," which could not be overcome by traction, the reduction was readily accomplished. He maintains that his observations and experiments prove to demonstration that the tension of the fibrous tissues is the chief cause of resistance, and that in order "to turn this difficulty, which is insuperable," the limb must be brought into such a position as to free the capsular ligament from all tension. In his *Clinical Surgery*, 1863, Maisonneuve further elaborated the same views.

Prof. Bigelow, in referring to those who have occasionally and distinctly recognized the theory of ligamentous resistance (p. 15), mentions the name of Prof. N. Busch, of Bonn, but adds that he fails to identify the anterior ligament as its principal seat. He refers to the report of Prof. Busch's views, as published in the Year-book of Medicine and Surgery for 1863, Syd. Soc., London, 1864, p. 225. Now we find in Langenbeck's *Archiv für Klinische Chirurgie, vierter band*, Berlin, 1863, the first article is by Prof. Busch, and in it he gives his surgical experience at the Bonn Clinic. In that portion of this report devoted to the study of the mechanism and reduction of luxations,\* he makes special mention of the ilio-femoral, and its influence in determining the position of the limb in femoral luxations, the obstacle it presents to their reduction, and how the flexion of the thigh, by relaxing this "ligamenture ilio-femorale," overcomes this obstacle. Says Prof. Bigelow, at p. 5: "Recent dislocations can be best reduced by manipulation. The basis of this manipulation is flexion of the thigh. This manipulation is efficient because it relaxes

\* The more one experiments the more one is compelled to believe that the resistance from the muscles is for the most part illusory, and that it is caused by other structures, such as the capsule and its accessory ligament (*hülfsbänder*), p. 2.

the Y ligament." But surely after perusing Prof. Busch's paper, to which we have referred, Prof. Bigelow can not maintain that the Surgeon of Bonn has failed to identify the anterior ligament as the principal obstacle to the reduction.

Again, the late lamented Professor Otto Webber, in his *Chirurgische Erfahrungen*, Berlin, 1859, has not only referred to the importance of the ilio-femoral ligament in the mechanism and reduction of luxations, but in plate 5 has given us several excellent illustrations of the same. In the *Chirurgischen Krankheiten des Bewegungs Apparatus*, Lahr, 1861, the influence of "Bertin's" ligament in the production of certain femoral luxations has not escaped the attention of its author, Hermann Julius Paul, and the same remark will apply to the *Handbuch der Anatomischen Chirurgie* of Prof. Roser, Tübingen, 1868, and to the elaborate treatise of Profs. Billroth and Pitha, entitled *Handbuch der Allgemein und Speciellen Chirurgie*, now in course of publication.

A curious contribution to the surgical literature of the ilio-femoral ligament is contained in the British and Foreign Med.-Chirur. Review, July, 1855. Mr. Holmes Coote, in a review of the Treatises on the Diseases of the Joints by Drs. Gurlt and Crocq, remarks that it may not be quite out of place to answer a simple question often asked by younger members of the profession, namely, Why, in cases of dislocation of the femur on the dorsum ilii, or the sciatic notch, the head of the bone is always thrown backward so as to cause inversion of the limb? He then continues:

"It is not so generally known as it should be that while the anterior part of the capsule is firmly attached to the anterior intertrochanteric line, strengthened by the fibers of the strong ilio-femoral ligament, the posterior part is unattached, and may almost be regarded as an annular ligament. In dislocation on the ilium, the front part of the capsule, only partially torn, still holds the trochanters, and presents an opposing surface to the round head of the femur, which then slips backward through the non-resisting

structures behind. In every specimen in the museum of St. Bartholomew's Hospital this explanation holds good."

With the knowledge which Mr. Coote possessed upon this subject, it seems difficult to comprehend why, in an article on the reduction of dislocations at the hip-joint by manipulation, based upon a case treated by him in January, 1868, he speaks of overcoming muscular rigidity by chloroform, as the first indication, while flexion, with a rotatory movement, is adopted only for the purpose of causing the head of the bone to retrace its course toward the rent through the capsule. He does not even allude to the influence which it must exert in relaxing the ilio-femoral ligament. He regards the method by manipulation superior to "the wearying, protracted, and uncertain extension by the pulleys." He states that this method of effecting reduction was first demonstrated to him by Prof. Fabri.

Mr. Callender, of the same hospital, has also reported a case of reduction by manipulation (London Lancet, March 14, 1868), and he expresses the decided opinion that in his case the capsule did not offer any obstacle to the reduction, nor does he believe that it ever can! The examination of specimens in the museum of St. Bartholomew's, as well as the other hospitals in London, seems to have satisfied him that in the majority of cases the capsule is so extensively lacerated that it can not resist the passage of the head of the bone into the acetabulum.

In the *Bulletin de la Société de Chirurgie* for 1868, an interesting case, and the discussion to which it gave rise, is reported by M. Tillaux. From the examination of this specimen, and after experiments upon the cadaver, M. Tillaux declared that too much importance has been attached to the muscles, and too little to the capsular, together with the ilio-femoral ligament, in the mechanism of certain varieties of femoral luxations. He believes that the chief influence is due to "*intégrité du ligament de Bertin.*"

But we must bring our remarks to a close. Prof. Bigelow admits that it was not until 1861 that he had an opportunity of making the autopsy "which agreeably surprised" him, in showing that the fixed attitude of the limb was due to the ilio-femoral ligament, and not the muscles as he had previously supposed. "Flexion lies at the foundation of success in the reduction of femoral dislocation, and compared with this the rest of the manipulation is of secondary importance"—a doctrine which, he justly adds, is as old as Hippocrates. We leave it to the reader to decide whether the extracts and references furnished by us are sufficient to prove that Prof. B. has been anticipated in his demonstration of the principle upon which the flexion method is based. But whatever may be the decision upon this point, we think that it will be generally acknowledged that his richly illustrated and most interesting volume will exert a mighty influence in abolishing the application of what he justly denominates "the brute force of pulleys;" and to convince the practitioner of the truth of the principle recognized by the authors of the *Compendium de Chirurgie*, etc., viz., that the treatment of luxations demands more of "*lumières et d'adresse que de force*." Mr. Maclise has also most happily expressed the same idea in his Treatise on Fractures and Dislocations, when he observes that we need not the force of a Hercules to break the door when we have the key to unlock it. Even before the publication of Prof. Bigelow's admirable volume we venture to assert that, in this country at least, few could have been found who had not already rejected the law laid down by Sir Astley Cooper, viz., that the pulleys are indispensable in the treatment of dislocations; and we believe the number is not small who, in recent luxations, are not willing to dispense with the *muscular collapse* which has hitherto been so frequently produced by tobacco, alcohol, tartar-emetic, venesection, or chloroform.

## Reviews.

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**Bellevue and Charity Hospital Reports, 1870.** New York:  
D. Appleton & Co.

The first communication in this volume occupies some sixty-seven pages, and is from the pen of Professor Isaac E. Taylor. Its title is "Amputation of the Cervix Uteri in certain forms of *Procidentia*, and remarks on the complete Eversion of the Cervix Uteri." It is illustrated by several wood-cuts and two chromo-lithographs.

Whether or not a just criticism will not ultimately discard the term *procidentia*—though in its use Professor Taylor follows excellent authorities—as applied to a condition in which the body of the uterus may undergo little or no change of position, we must believe that *hypertrophic elongation of the neck of the uterus*, as used by M. Huguier, is more appropriate and expressive.

Dr. Taylor has diligently investigated the literature of the first topic of his paper, and especially has drawn from M. Huguier's elaborate memoir, to the great merit of which he pays a just tribute, though on some points differing materially from its author. Upon these differences we have not space to dwell, but would simply remark that among them are those relating to the statistics of the affection and to the special surgical treatment.

We can not attempt any elaborate analysis of this most valuable contribution to gynecology; justice will be best done it and our readers by simply presenting its author's conclusions, which in the main we believe will finally receive professional indorsement, but which should now be made the

subjects of investigation by every practitioner to whom the opportunities may occur.

One word before this presentation. Dr. Taylor attributes investigations and views to Bernutz, when really they were Goupil's; for let us remind him that the second memoir, in the second volume of their *Clinique Medicale sur les Maladies des Femmes*, a memoir upon *Uterine Deviations*, was exclusively the work of Goupil. As its talented and industrious author so early departed from his labors, let his name and not another's have the credit of what he did accomplish in his brief day of life. Dr. Taylor's conclusions are as follows:

"1. That the opinion of M. Huguier—that the affection designated under the names of prolapsus or procidentia of the uterus, and which appears to be completely out of the pelvis, and is exterior to the vulva, is rare—is correct, though not as frequent as M. Huguier supposed, being in the proportion, according to my own investigations, as one to twelve and five sixths instead of one to thirty-two of M. Huguier.

"2. That there exists very seldom a true hypertrophic elongation or pathological change of structure of the supra-vaginal portion of the cervix; but that there is an elongation which, in a great many cases, varies from one to four, five, and six inches, though usually four and a half to five.

"3. That the elongation is principally in the *isthmus* or intermediate part of the supra-vaginal portion of the cervix, and that this elongation is aided and sustained by the gravity of the cervix consequent, in a great measure, on the changes which have occurred during gestation or parturition.

"4. That the assertion of M. Huguier—that the fundus of the uterus remains in the pelvic cavity as high as the superior strait or superior part of the symphysis pubis generally—is not verified; but that the fundus or body of the uterus is usually found retroverted or retroflexed, with the cervix in part external; or, as is not infrequent, the uterus is procident, and retroflexed *in toto* externally.

"5. That the infra-vaginal portion of the cervix is sometimes hypertrophied; but that it is in many instances a true and *complete*



*eversion* of this part, measuring from two and a half to three and a half inches.

"6. That it is not necessary to remove as large a conical part of the cervix as described by M. Huguier; but the simple circular method will in some cases suffice; though in other cases the adoption of the other methods, as proposed, may be resorted to, according to the nature of the case.

"7. That the only operation which fulfills the principal and correct indications in *this affection*, for the radical cure of this affection, is the amputation of the cervix uteri.

"8. That the contra-indications of M. Huguier, which have been referred to, do not forbid the operation, but require it.

"9. That to obtain a more perfect success in the treatment the operation of episio-perineorrhaphy should be performed."

Article II. in the volume is on "Pulmonary Physical Signs," by Prof. Austin Flint, and, like all that this distinguished teacher writes, is admirable. The article is really an analytical study of the subject. The author recognizes thirty signs furnished by auscultation and percussion, each of which he describes in his usual succinct way.

Article III. is on "Entire Excision of the Os Calcis," by F. A. Burrall, Jr., M. D., and is a valuable resumé of the subject. The table, which has evidently been prepared with great care, seems exhaustive of the subject. The main practical conclusion which the reader will derive from it is, that primary amputation is rarely, if ever, advisable for diseases of the os calcis.

Article IV., on "Sprained Ankle," by Prof. Lewis A. Sayre, is simply a clinical lecture, delivered in 1868 at the hospital, in which the Professor dwelt with much emphasis on the serious consequences which sometimes result from neglect of slight injuries of the ankle-joint.

Article V. is by the same author, entitled "A Method of Dressing Fractured Clavicle." We append the illustrations and description of the dressing, with the remark that Prof. Sayre says the idea originated with a professional friend



Fig. 1.

around the back of the arm, bringing the arm well back (Fig. 1). Continue the strap horizontally across the back and around under the nipples (Fig. 1). In fixing the end to the arm care must be taken not to begin too far back, lest the arm be girdled and the circulation be arrested. The first bandage is the peculiar characteristic of the dressing, as it serves as a fulcrum by which the leverage of the other bandage is brought to bear. Then place in the axilla a pad of proper size; press the elbow

whose name he has forgotten. A dressing almost exactly similar was devised very many years ago by the elder Earle. Cut from strong adhesive plaster—that spread on Canton flannel, or jeans, is the best—two strips four to six inches in width, and longer by half than the circumference of the chest. Apply as follows: Begin by fixing the end of one strap upon the inside of the arm of the injured side, opposite the insertion of the deltoid. Carry the strap across the belly of the biceps and



Fig. 2.

to the side. Carry the hand on the sound shoulder as high as or even higher than is shown in Fig. 2, and support the elbow at the desired point, and apply the second strap as follows: Begin in front of the sound shoulder and carry the strap over the shoulder, diagonally down and across the back, so that its upper edge shall cross the injured arm about at the junction of the middle and lower thirds. The plaster is then molded to the back of the arm and elbow, and dorsal and ulnar surfaces of the forearm, and finally drawn firmly over the back of the hand and overlaps the other end of the plaster on the top of the shoulder. It is well to fasten the ends together by a pin, which prevents the possibility of slipping. At the elbow the plaster should be made to fit accurately by cutting nicks in the edge and overlapping them.

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**The Cell Doctrine: Its History and Present State.** For the use of Students in Medicine and Dentistry. Also a copious Bibliography of the subject. By JAMES TYSON, M. D., Lecturer on Microscopy in the University of Pennsylvania, etc. With a colored plate and other illustrations. Philadelphia: Lindsay & Blackiston. 1870.

The author in this little work designs presenting to medical students a concise and instructive resumé of the origin and advance of the doctrine of cell evolution.

In the surprisingly short period of thirty-two years cell physiology and cell pathology have had their birth, and made rapid strides toward perfection. Numerous and diverse views have been promulgated by men of great ability, and the difficulty heretofore has been that of culling from large volumes those peculiar theories which the different writers have held regarding cell-life.

In Dr. Tyson's work we find the theories of such men as Virchow, Robin, Huxley, Hughes, Bennett, Beale, and others,

the author of the work included, all compressed within the compass of one hundred and seventeen duodecimo pages. The work is calculated to be of decided benefit to all who desire a general knowledge of the history, progress, and peculiar phases of the cell doctrine; but we question whether the author, in laudably striving for brevity, has not left out some things which would have added interest and value to the book. We regret to find only a bare mention of the views of Cohnheim, which are now exciting such general attention, and tending to the overthrow of much that is fundamental in the doctrines at present accepted.

The copious bibliography appended will be found invaluable by those who desire to extend their researches still further in this field.

The mechanical execution of the work is beautiful.

E. R. P.

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**Obstetric Aphorisms for the Use of Students commencing Midwifery Practice.** By JOSEPH GRIFFITHS SWAYNE, M. D. From the fourth revised English edition; with additions by EDW. R. HUTCHINS, M. D. Philadelphia: Henry C. Lea.

The value of this little volume can not be disputed. We doubt the possibility of putting in briefer compass so much of useful instruction to the young accoucheur as is to be found in Swayne's *Obstetric Aphorisms*.

The additions of the American editor are in general excellent. We can not, however, entirely coincide with him in his treatment of puerperal fever and of puerperal mania. On pages 150 and 151 he says of puerperal mania:

"The two remedies upon which we are to place our hopes, both in this terrible form of disease (mania) and in that so closely allied to it (puerperal fever), are opium and the lancet. Leeches do but little good in well-marked cases. The patients should be bled *out of the disease*, so to speak. From eighteen to twenty-eight ounces

of blood will show its good result. This should be followed by a large dose of opium. Calomel combined with the opium often proves of great service."

We believe it would be much more in accordance with judicious therapeutics to state that neither in puerperal fever nor in puerperal mania is the lancet as a rule required; that local depletion is generally useful in the former, and rarely in the latter; and finally, that calomel may occasionally be useful in either, but is seldom required. On page 167 the editor observes:

"If, by the means mentioned, you fail to dilate the os sufficiently, sponge-tents or the sea-tangle may be used, a small one being introduced first and allowed to remain eighteen or twenty hours, and then a large one inserted. In this, or in other affections requiring the use of the tent, not more than three should be used consecutively, for more than this number are apt to produce metritis."

The cases to which the author refers are those in which there is a retention of part of the ovum or of the placenta; in other words, that condition which Dr. Matthew Duncan has termed *imperfect deliverance*. We may mention incidentally that the best articles which we have seen upon the subject, in addition to the one just referred to, and found in Dr. Duncan's work entitled *Researches in Obstetrics*, are by Dr. Priestley, and by our able contributor, Dr. J. C. Reeve.

With Dr. Hutchin's statement, that while three sponge-tents will be safe, four or five "will be apt to produce metritis," we can not agree. We have seen pelvi-peritonitis, not metritis, result from the use of one tent; while again half a dozen have been used on as many successive days, and no accident occurred. The truth probably is that in each case the physician must decide for himself as to the propriety of using tents, and (if used at all) how many. Where metritis or peritoneal inflammation—we believe the latter form of disease much more frequent under these circumstances than

the former—was threatened no tents would be advisable; or where their use had already been commenced, it should be discontinued at once, whether the sacred three had been reached or not.

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**The Physiology of Man.** Designed to represent the existing State of Physiological Science as applied to the Functions of the Human Body. By AUSTIN FLINT, Jr., M. D., Professor of Physiology and Microscopy in the Bellevue Hospital Medical College, etc. New York: D. Appleton & Co. 1870.

The third volume of this elaborate and valuable exposition of physiological science has just reached us. It consists of chapters on secretion, excretion, ductless glands, nutrition, animal heat, movements, voice and speech. Several new views and discoveries, original with the author, and which he has sustained by experiment, are to be found in this volume, imparting additional interest to the generally valuable matter of which it is composed. One more volume, embodying articles on the nervous system and reproduction, will complete the series. With its advent, which we have reason to believe is not far distant, the most exhaustive and comprehensive treatise on human physiology ever prepared on this continent will be before the profession, and we have no doubt that owing to its intrinsic merit it will find a place in the library of every one who feels interested in the growing and important science which it represents. Prof. Flint coincides with the French school of theorists in many of his views upon the mooted points in physiology.

The three volumes at present published are printed upon tinted paper, and in all respects attest the mechanical skill of D. Appleton & Co., their publishers.

E. R. P.

[Some valuable "Reviews," intended for our May number, are deferred to a future issue for want of space.—EDS. AM. PRAC.]

## Clinic of the Month.

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CHRONIC CONSTIPATION.—Dr. John Kent Spender, Bath, says that his plan for managing this condition comprises four therapeutic factors: minute and frequent doses of watery extract of aloes, very rarely of extract of colocynth; a dose of sulphate of iron (gr. jss or ij), always combined with each dose of the direct aperient; regulation of the diet; constitutional exercise. The quantity of extract of aloes, in all but extraordinary cases, should not exceed one grain. It is conveniently given in the form of a pill. With this pill there should always be mixed a dose of sulphate of iron, varying from one to three grains; this is the essential point of the treatment. Any other tonic of the neurotic kind can not supply the place of the iron; iron is not only *facile princeps*, but is not interchangeable by anything else. Extract of nuxvomica may be added as an ornamental appendage or as a means of blending the other constituents together, and belladonna is a remedy of definite auxiliary power; but both these drugs, *quoad* constipation of the bowels, are uncertain or unsatisfactory, and rarely do permanent good. An adult patient should take a pill composed as above three times a day, immediately after the principal meals. He is cautioned that at first there will be probably no apparent effect, and that two or even three days may pass before any medicinal evacuation of the bowels takes place; perhaps even then difficult and discomforting. But within the next forty-eight hours there will be most likely an evacuation of the bowels once or possibly twice in the day; *but nothing approaching to purgation ought ever to be permitted*, and therefore the patient must be instructed, on the occurrence of the first loose motion,



to withhold a pill, and to take only one in the morning and one in the evening. He continues for a time his morning and evening pill. Not improbably, at the end of another week or fortnight, he is compelled by the same reason as before to drop another pill, and the same result is now brought about by one pill daily as was originally produced by three pills. Within another month he may reduce his allowance of medicine to a single pill once or twice a week; and finally, a pill occasionally for the sake of maintaining health and warding off old troubles.

There is a form of constipation, observed chiefly among women, marked by intense neuralgia of the rectum after every motion. It is well to ascertain that there is no fissure of the mucous membrane; but, this point being assured, speedy (and eventually perhaps complete) relief may be obtained by the following powder taken twice a day: sesquioxide of iron, one drachm; bitartrate of potash, one drachm; powdered cubebs, fifteen grains; mix. This may be continued once daily for weeks or months. (London Medical Times and Gazette.)

STORAX—*Itch.*—Prof. Tanturri, Naples, uses storax by frictions in itch. (*Ibid.*)

CARBOLIC ACID *vs.* ALCOHOL FOR SPECIMENS.—At a recent meeting of the Chicago Academy of Sciences, Dr. Stimpson stated that he found that deliquesced crystals of the acid dissolved in forty times its bulk of water gave a fluid which equaled alcohol in its preservative qualities at less than one twentieth its cost, with the additional advantage of keeping the specimen far more nearly in its original condition. In a solution of twice that strength the specimen itself is soon destroyed. Specimens should be first placed in a very weak solution, say one half per cent.; but as the action of the acid is very rapid, it may be daily changed for

a slightly stronger one, until the full strength—two and one half per cent.—is reached. This should be done to prevent the contraction resulting from the sudden contact of a strong solution, and preventing endosmosis. Fluids once used will be found to have lost their preservative power far more than alcohol, and must be strengthened before being used again. The freezing of the fluid may be prevented by the addition of one eighth part of alcohol. If the smell of carbolic acid, which is very slight in the weak solutions, should be objected to, the addition of a minute quantity of the oil of wintergreen will cover it completely. (Cal. Scien. Press.)

THE ACTUAL CAUTERY is highly recommended by Dr. Maury in the ugly burrowing ulcers of a specific nature sometimes succeeding buboes, which are such a bother to surgeons and drain to patients. (Med. and Surg. Reporter.)

SYPHILIS TREATED HYPODERMICALLY.—Dr. J. C. White (translation from the German Archives of Dermatology and Syphilis) says that Prof. Hebra declares that the hypodermic use of mercury in syphilis can not be especially recommended. Its effect upon the syphilitic symptoms is later in manifesting itself, as a rule, than by inunction. Against individual symptoms, such as pains in the head and joints, the employment of the usual remedies, as iodine, could in no way be given up, and relapses were as often observed as in other methods of treatment. It acts less quickly and surely than the methods hitherto employed, and appears to have no effect against some of the symptoms of the disease; always gives rise to pain, and occasionally to abscesses.

In Sigmund's clinic the injections were practiced upon more than one hundred patients, affected by nearly all forms of syphilis. The regions which showed themselves best adapted to receive the injections were the sides of the thorax, the groins, the buttocks, and the upper arms. Attempts to

enlarge these limits led to unfavorable results. Neither the outer, front, or inner surface of the thigh nor the upper scapular space were found fitted for the injections. The results were often very favorable, severe forms of syphilis healing within a noticeably shorter period than by any other method of treatment. This, with its precision, ease, and convenience of application, prevented a full estimation of the evils which were noticeable from the first, such as the painfulness of the injection, the formation of abscesses, although seldom, and the difficult prevention of stomatitis. But if these disadvantages are not sufficient to counterbalance the advantages of the method, the latter would be more than outweighed by the relapses which so soon show themselves, or, in other words, by the further development of syphilis. In nearly all the patients who could be kept for any considerable time under observation, these relapses appeared, and much sooner than after any other method of treatment. However much it may be regarded as an enrichment of our therapeutics, it can not in any way compete with the inunction cure. (Boston Medical and Surgical Journal.)

SHOCK.—Prof. J. T. Hodgen, St. Louis, in a recent paper on fractures, says he can not imagine a case of shock in which stimulation would save a life that would be lost without it. He advises quiet, exclusion of light and sound, and after a few hours, if the patient calls for it, gives milk, or essence of beef, but no *stimulant as such* under any circumstances. (St. Louis Medical and Surgical Journal.)

TINCTURE GELSEMIUM IN TRAUMATIC TETANUS.—Dr. Thomas Smith, Savannah, Ga., reports a case of lockjaw following an injury of the hand, in which, after amputating a portion of a finger, he gave the gelsemium in enormous doses with apparently the best effects. The patient took within ten days sixteen ounces of the tincture. For several days in

succession he got two drachms every hour throughout the greater part of the day, and half that quantity every hour throughout the night. These unprecedented doses produced some giddiness, blindness, and dilatation of the pupils, but not in the degree in which the phenomena are often observed where the medicine is given in even the usual quantities. (Baltimore Medical Journal.)

ERGOT IN HEMOPTYSIS.<sup>8</sup>—Dr. Drasche states that he has used ergot hypodermically in hemoptysis with entire success. Von Graeffe has gotten similar results. Dr. Plagge thinks that ergot, administered subcutaneously, is the most reliable agent in this affection, arresting the hemorrhage almost instantaneously by inducing coagulation of the blood. (Dr. Henry, in Cincinnati Medical Repertory.)

SVAPNIA.—Prof. Croft, Canada, after a careful analysis of this substance, pronounces it clearly as great a humbug as the *sweet quinine*, so called, which he says contains no quinine at all, but is simply cinchonine mixed with extract of liquorice or other saccharine matter. (The Pharmacist.)

PHIMOSIS.—Dr. M. H. Henry, New York, suggests the following method for the cure of phimosis: Introduce a steel or silver director with its groove filled with lead. Holding the director firmly between the forefinger and thumb of the left hand, the latter pressing upon and drawing down the prepuce, enter the point of the knife from without, and engage it in the lead lining of the director. Both instruments are then quickly withdrawn together, and the incision is made. The advantages claimed for this method are: 1st, that the point of transfixion can be more accurately made; 2d, that the skin and the mucous membrane are divided to an equal extent. (American Journal of Syphilography and Dermatology.)

SHALL SYPHILITICS MARRY?—Prof. W. Boeck, in criticising an article on prostitution, which appeared some time since in the *Westminster Review*, says the first child or children of a woman who has had constitutional syphilis *after puberty* will commonly be syphilitic. If the father has had constitutional syphilis the child may be born syphilitic, but this is the exception, not the rule. "I am aware that these views are opposed to those of the books, but they are true to nature. When a man who has had constitutional syphilis asks me if he can with propriety marry, I recommend him to do so, telling him that his wife may bear him a syphilitic child, but that this is the exception, not the rule; and I have never had occasion to regret the advice given." (*Ibid.*)

CYNANCHE TONSILLARIS.—Dr. F. P. Atkinson, London, treats this troublesome affection in the following way: Bicarbonate of potash, one scruple; powdered guaiacum, ten grains, or tincture of guaiacum, half a drachm; mucilage, as required; water to the ounce; with fifteen grains of citric acid three times a day, in a state of effervescence. A gargle of twenty minims of tincture of iodine to the ounce of water (to be used by being held in the mouth and the head shaken from side to side). Three or four glasses of port-wine daily, and plenty of beef-tea. If the weather is fine, a little gentle exercise in the open air. Purgatives are not necessary, since as soon as the disease is over the bowels regain their proper tone and become perfectly regular. (Practitioner.)

THE ANTISEPTIC TREATMENT OF WOUNDS has now been before the profession for five years, yet very few surgeons who adopt it follow the precise method of its distinguished author. Many of the failures under antiseptic dressing which have been reported were fairly attributed to the imperfect manner in which the treatment was pursued. The following is the system in present use in Mr. Lister's wards. It will be

observed that it has undergone no little change since first introduced: An open wound is first washed well with a solution of carbolic acid, this acid being found fully as effective as any agent yet used. The strength of the solution commonly employed is one part of acid to twenty, or one part to forty of water, the stronger solution being mostly used in fresh cases. Sometimes, however, a solution in oil—one part of the acid to four of oil—is used, as in opening abscesses. A piece of oiled silk, the surface of which is covered with a layer of dextrin to insure general and equable moisture, is then soaked in the solution and placed over the wound. The solution on the surface becomes rapidly absorbed. The chief use of the oiled silk is to preserve the wound from the irritation of the antiseptic with which the dressings above are impregnated; hence it is advisable in many cases to apply a double layer of oiled silk. If carbolic acid were kept constantly applied suppuration would be occasioned by its irritating influence, and the healing of the wound would be delayed or prevented. Above the oiled silk, and overlapping the wound for some distance, is placed a large layer of thin and pliable shell-lac plaster, containing carbolic acid in the proportion of one to four. If the wound is to be left undressed for an unusual length of time—say a week, depending of course on the amount of the discharge—two layers are employed. However great the discharge, the plaster will answer for twenty-four hours. The admixture of carbolic acid with shell-lac has been found, even in this large proportion, to destroy its irritating influence on the skin; while, on the other hand, the carbolic acid renders the shell-lac soft and plastic. A piece of lint or a towel is next applied to absorb the discharge. The application of a light cotton bandage, to afford support, completes the dressing. The dressings are to be changed according to the amount of the discharge from the wound. In changing them it is important, while exposing the part, to soak them with the ordinary solution, in order to

guard against the entrance of living germs while the wound is unprotected by the antiseptic. This is best done by throwing over it a stream of the watery solution by means of an ordinary syringe. A piece of calico, dipped in the same lotion, is placed on the wound as a temporary protection till the dressings are reëplied, according to the requirements of the case. (*British Medical Journal.*)

**COLLODION IN ENURESIS.**—Sir D. J. Corrigan, Ireland, calls attention to a mechanical treatment of this trouble, in which, while the prepuce slightly curved up is held with the left hand, the surgeon smears over the little cup thus formed by the extremity of the prepuce with collodion by means of a small camel's-hair pencil or blunt end of a penholder. Almost as fast as applied the collodion solidifies. In contracting it draws closely together the edges of the prepuce, and thus the exit for the escaping urine is closed. A boy of eleven years of age has, after one lesson, been able to use the collodion. A fortnight's use is sometimes sufficient for the cure. A relapse is easily dealt with. When the child or youth desires to pass water, the little wedge or cap of collodion is easily removed with the finger nail. When "I first used this collodion application my expectation was that the bladder would act so forcibly against it as to cause sudden pain, and oblige the patient to jump at once out of bed and quickly remove the collodion, and that he should then repeat the application before returning to sleep. I was agreeably disappointed. There was no pain; no awaking; but on rising in the morning the prepuce was found slightly distended with urine, and the collodion was removed without difficulty." It is most easy of application, occupies scarcely a minute, and can be carried out at school or elsewhere in perfect privacy. (*Dublin Quarterly Journal of Medical Science.*)



## Notes and Queries.

PARALYSIS OCCURRING DURING PREGNANCY.—Dr. James S. Bailey, Albany, N. Y., sends the following: A primipara, aged twenty-seven, when four months advanced in pregnancy complained on rising one morning of numbness of her extremities, and by noon had lost the use of her lower limbs. During the next day her arms became paralyzed, but her articulation remained unaffected, and she could move her head, though with pain. The muscular system seemed sore and tender; to touch even the end of her nose gave her sharp pain. On the seventh day a pain commenced over the sacrum, and was so excruciating as to prevent rest or sleep. This continued a week, and then passed to the lower extremities, producing violent contractions of the muscles. This condition disappeared in a few days, but left the parts exceedingly tender to the touch. The bowels, bladder, etc., were natural. In two months the patient began to recover the use of her arms, but her legs remained useless until after her confinement. Labor was normal, she had an abundance of milk, and the child did well. Her menses returned in ten months after, and after the second flow she began to recover the use of her lower limbs. In twenty-one months from her first accouchement she was delivered of a fine girl. She has continued slowly to improve, and is now attending to her household duties.

A CASE.—Dr. R. S. Coleman, Conyersville, Tenn., says: Miss R., aged sixteen, slightly *embonpoint*, had menstruated regularly, and was healthy, with the exception that from infancy she was subject to pain in the right knee after


walking or standing until she became fatigued. She was attacked March 4th, at two o'clock A. M., with excruciating pain in the heel and the third and fourth toes of the right foot. At eight o'clock she became delirious; face flushed; eyes suffused; pulse full (140); great restlessness. At one and a half o'clock next morning I saw her with the family physician, Dr. A. Jackson, when she was unconscious: pulse 140; rather feeble; expression pleasant; extremities warm; surface natural; gentle perspiration; extreme prostration; affected toes slightly swollen and inflamed, a dark spot on the end of one of them, and several others of the same character on the dorsal surface of the toes and heel, also one on the left foot; several small red spots on the hands and lips, which after a short time became dark-colored. Some of the original spots became by eight A. M. pustular, and yielded a thick, purulent matter on being punctured. Other spots subsequently appeared on different parts of the body, and grew purple or black. The patient had an ordinary wart on the little finger of the right hand, which she had pricked with a pin on the 27th of February, and applied a solution of corrosive sublimate and gum camphor in spirits turpentine and alcohol. It commenced to suppurate on the 2d instant, and ceased on the 3d. It still showed evidence of inflammation at the base, but was dry and black at the summit. The respiration was hurried but calm till near the close. Death occurred by asthenia at five o'clock P. M., on the 5th instant. No post mortem. What was the disease—cerebro-spinal meningitis?

ALMOST A DEATH FROM CHLOROFORM.—Dr. Wm. Walling, of this city, reports to us an interesting case, in which death seemed imminent from a drachm of chloroform taken into the stomach. The subject was a healthy young man, a student of medicine, who took the chloroform (by Dr. W.'s advice) for colic. In about twenty minutes after swallowing it he

complained of dizziness, and a little while after fell over, motionless and insensible. For a time no respiratory movements were perceived, the pulse at the wrist failed, and the carotid arteries beat languidly. For nearly an hour the pulse was not more than forty-five, and occasionally below forty, and feeble. Hartshorn was held near his nose and applied to his face, with affusions of cold water. Suddenly he rushed up and spoke, and all the alarming symptoms passed off, greatly to the relief of his medical adviser. Physicians often prescribe chloroform internally in drachm doses. This case shows that such doses may be followed by appearances frightful to the oldest practitioner.

**FIBROID OF THE UTERUS.**—Susan R., aged thirty-six years, unmarried, came under my professional care during the latter part of February. Upon examination I found a large fibroid of the interior wall of the uterus. The uterine cavity measured nearly eight inches; the abdominal circumference just below the umbilicus was thirty-seven inches; the fundus of the uterus was about three inches above the umbilicus, and inclined somewhat to the right side—indeed the growth was apparently so much more upon the right than upon the left that on first inspecting the abdomen the impression might be made that the tumor was ovarian rather than uterine. The cervix had been shortened by the encroachment of the tumor, and the os was distorted both in form and in position. The patient had been suffering for some months with the pains, the catarrhal and the hemorrhagic discharges which characterize uterine fibroids when interstitial or submucous, and consequently was quite anæmic.

Constitutional treatment appropriate to repair her broken-down system was first instituted. This end in some good degree accomplished, on the 18th of March I operated thus: The patient lying upon her back on the table with her limbs drawn up, I freely divided right and left the cervix with



Simpson's hysterotome. Immediately upon the withdrawal of this instrument, I passed flat upon the forefinger of my left hand, introduced to the os, the *saw-knife* represented in the wood-cut, and then well into the uterine cavity; turning its edge against the tumor, steadying the mass with one hand upon the abdomen, proceeded to incise the tumor longitudinally by saw-like movements of the knife. After making as long and deep a cut as seemed to me safe, I placed in it, after the withdrawal of the instrument, a narrow strip of lint dipped in a solution of carbolic acid and glycerine, and plugged the os and the vagina with lint similarly prepared. Within thirty-six hours all the dressings had to be removed, the patient's sufferings were so great, and a limited peritonitis required the use of leeches and opium; in a few days, however, every unfavorable symptom disappeared. Meantime there occurred and continued for a week a moderately profuse and very offensive purulent discharge from the uterus, and the abdominal circumference diminished three inches and a half. In two weeks I operated again in the same way, only carrying the incision much more deeply into the tumor. No unpleasant symptoms ensued, and the growth diminished rapidly until it was less than one third the size it had been when I first saw it, and the length of the uterine cavity decreased to four inches.

Ten days subsequently a third operation was performed, with the result of still further diminishing the tumor. I believe that the growth will continue to lessen for some months, not now by any rapid disintegration and sloughing, but by gradual atrophy. She has had no floodings since the first operation.

Uterine fibroids, when interstitial or submucous during

menstrual life, are so often attended with serious symptoms, and sometimes with fatal results, that any fact which adds to our knowledge a safe and successful method of treatment is of value. The general plan of treatment pursued in this case was that advised by Dr. Palfrey, of London, in an admirable course of lectures published in the Medical Press and Circular last year, although I deviated from that plan in two or three particulars. Dr. P.'s method will probably be given in full in a future number of the Practitioner. His remarkable success entitles his opinions to the greatest respect—one hundred and nineteen patients operated on and only one death.

Dr. Palfrey's knife I only know from the indefinite description given in his lectures. The one represented in the cut was made for me by Mr. Woche, of Cincinnati. It is eleven inches long, about half this length being in the handle; the form and dimensions of the knife are accurately represented in the engraving. In having a new one made, I would suggest that the probe-point might be a little shorter and blunter, and the back might be slightly convex, so as to better adapt it to the concave surface of the uterine walls, opposite the one in which, for instance, a membranous fibroid is situated; and finally, the teeth need not be quite so fine.

T. P.

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\* Any of these works may be procured by application to Messrs. John P. Morton & Co.